

**Team Name/Sponsors Info:** 

## 2019 KUMHO BMW CHAMPIONSHIP GUEST ENTRY FORM

PLEASE COMPLETE ALL REQUIRED SECTIONS IN BLOCK CAPITALS

## **2019 NOTES FOR COMPLETION**

<ul> <li>Please ensure that all information is completed, as if you do not do so, your entry will not be accepted.</li> <li>If submitting entry form electronically, please insert a "<u>Digital Signature</u>" or "<u>X</u>" in the required signature sections.</li> </ul>				
<ul> <li>Competitors are reminded that any entry not fully completed or not accompanied by the correct fee is NOT a valid entry.</li> <li>SECTION 1 — DRIVER DETAILS</li> </ul>				
First Name: Surname:				
Address (1 <sup>st</sup> Line):				
Town:	Postcode:		Date o	f Birth: / /
BARC Memb No:	Email:			
Home Phone:	Work Phone	e:	Mobi	le Phone:
Licence No: Licence Grade		rade:		ASN:
Is the Driver taking any prescribed medication or suffering from any condition which should be notified to the medical team?				
If Yes, Please give details -				
Next of Vin Newson				
Next of Kin Name:			ionship to Drive	:
Home Phone:		Mobile Phone:		
take part unless I have declared such disability to the ASN which has, for countersigned by that person's parent/legal guardian/guarantor, who procedure being carried out under the Supplementary Regulations issu UK General Regulations, agree to pay any appropriate charges and fe consequences resulting from those Regulations (and any subsequent Parent/Guardian/Guarantor is not present there must be a representative Child Protection Policy and Guidelines and the National Sporting Code of specified period. (H10.1.6) 9. I have read and fully understood the Proinformation on the web sites referred to (www.ukad.org.uk and www. Guardian of a minor then in addition to the deemed consent to the test agree that neither any one of or any combination of the MOTORSPOR "Parties") shall have any liability for loss or damage which may be sustainjury. To the fullest extent permitted by law I agree to indemnify and horizontal provided in the control of th	the full names and addresses have a full names and addresses have addrethis event and the General I ese pursuant to those Regulations alteration thereof). Further, I agive who must produce a written and Conduct. 8. I undertake that at I educate for Control of Drugs and A wada-ama.org) in particular the Uing of that minor (Art 5.6.2) I here! T UK and its associated clubs, the sined or incurred by me as a resul old harmless each of the Parties in	been given. 6. If I am the Parer Regulations of the MOTORSPORT is (to include any appendices the gree to pay as liquidated damag ad signed authorisation to so act from the time of the event to which the MOTOR Anti-Doping Rules which have to by confirm that I give such conser organisers, the land owners or cott of participation in this event. Not respect of any loss or damage with the such conservation in the sevent of the participation in the sevent. We have the such conservation in the sevent. We have the such conservation in this event. We have the such conservation in this event. We have the such conservation in this event. We have the such conservation in the sevent of any loss or damage with the such conservation.	nt/Guardian/Guarantor of the dri- UK. As the Parent/Guardian/Gua- reto) and hereby agree to be bo- ges any fines imposed upon me- from the Parent/Guardian/Guarani is entry relates I shall have passee (RSPORT UK Yearbook Regulation poeen adopted by the MOTORSPOI at for the minor concerned to be- sible or occupiers, the promoters are oothing in this clause is intended to hatsoever and howsoever arising	per I understand that I shall have the right to be present during any antor I confirm that I have acquainted myself with the MOTORSPORT and by those Regulations and submit myself without reserve to the up to the maxima set out in Part 3, Appendix 1. Note: Where the or as appropriate. 7. I hereby agree to abide by the MOTORSPORT UK for an except from an ASN specified medical examination within the H39, D35.1, G15.1.4 and have also fully familiarised myself with the K10 us as mended). Further, if I am counter-signing as the Parent or to tested. Indemnity: In consideration of the acceptance of this entry I d their respective officers, servants, representatives and agents (the or shall be deemed to exclude or limit liability for death or personal from my participation in this event.  Date:
Address:				
SECTION 2 – VEHICLE DETAILS				
	JEC IIC			
Marque:		Model:		
Engine Size (cc):		Transpo	onder No:	
Competition Number: Racing Class: Invitation				

## **SECTION 3 – ENTRANT DETAILS**

NB: This section is only to be completed if a valid Entrants Licence has been issued by your ASN. If no Entrant Licence is held then the Driver whose details have been entered in Section 1 will be automatically nominated as the Entrant in conjunction with MOTORSPORT UK Regulation (H1.3). First Name: Surname: Address: Postcode: **Entrant Signature: Home Phone: Work Phone: Mobile Phone: Email Address: Entrant Licence Number:** ASN: **SECTION 4 – EVENT DETAILS** 1<sup>st</sup> Time at Circuit? **Date Venue Entry Fee Entering** June 29/30 Thruxton £25.00 August 24<sup>th</sup> **Donington Park** £25.00 September 7/8 **Snetterton** £25.00 October 5/6 **Cadwell Park** £25.00 **SECTION 5 – BARC MEMBERSHIP DETAILS** Full BARC Racing Membership - £ \_ \_ . \_ \_ BARC Weekend Membership - £40.00 BARC Membership starts at £120.00 in January and goes down by £10.00 each month. Jan = £120. Feb = £110. Mar = £100. Apr = £90. May = £80. Jun = £70. Jul = £60. Aug = £50. Sep = £40. Oct = £30. Noy = £20 & Dec = £10. **SECTION 6 – BMWRDC WEEKEND FEE** BMWRDC Guest Weekend Membership - £25.00 **SECTION 7 – MARSHAL DONATION DETAILS** Would you like to make a donation to the "Marshals Fund"? If "Yes", please state amount **SECTION 8 – PAYMENT DETAILS** I wish to make payment for my race entries by the following payment method: (Please choose one from the following) Cheque: (Cheques are to be made payable to "BARC LTD") Credit/Debit Card: (If paying by card, please select from the payment options below) Card Type: Credit-**Card Number:** Debit-Start Date: Expiry Date: Security Code: (Last 3 digits on Signature Strip) Name on Card: Card holders Signature: To submit a completed entry form: Fax: 01264 882233

Email: dwheadon@barc.net

Print & Post: BARC, Thruxton Racing Circuit, Andover, Hampshire. SP11 8PW